MARYLAND STATE DEPARTMENT OF HEALTH

12186

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) J. (Last) BEACHY

4. DATE OF DEATH: (Month) Dec. (Day) 15 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Apr. 1, 1869

9. AGE last birthday: 82 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: No Business

11. BIRTHPLACE (State or foreign country): Garrett Co., Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jonas J Beachy

14. MOTHER'S MAIDEN NAME: Anna Yutzy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Morris Beachy, Grantsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral vascular hemorrhage — Interval Between Onset and Death: 7 days.

420.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 434

(b) Arteriosclerosis, generalized

(c) arteriosclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1951, to Dec 15, 1951, that I last saw the deceased alive on ....., 19....., and that death occurred at 3:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
John T. Whitehill, Jr., M.D. | Salisbury, Pa. | 12-16-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Dec. 17, 51 | NAME OF CEMETERY OR CREMATORY: Folk Cemetery | LOCATION (City, town, or county) (State): Grantsville, RD, Md.

DATE REC'D BY LOCAL REG.: Dec 16-51 | REGISTRAR'S SIGNATURE: Ethel Broadwater | 24. FUNERAL DIRECTOR: Wm Winebrenner | ADDRESS: Grantsville, Md.

936-VVV

RECEIVED
DEC 20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12187

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Garrett; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg, Star Rt; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg, Star Rt; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	B.	BROWN	Dec	1	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	white	Widowed	Jan 1, 1866	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer - Retired	own farm	Garrett, Co., Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hanson Brown	Elizabeth Blocker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	none	Mrs David Emerson, Frostburg, Star Rt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured Skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound Fractures both legs.

(c)

8125
1702

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	CITY OR TOWN	COUNTY	(STATE)
	U.S. Route 40	near Grantstown	Garrett	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
Dec	1	1951	8 A.M.		Struck by automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. J. Baumgartner M.D.		Oakland Md	12/1/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 3, 1951	At Ann's	Avilton, Garrett Co, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec-2-51	Ethel Broadwater	Wm A Winterberg	Grantsville, Md.

100-105

RECEIVED
DEC 15 1951
BUREAU W. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12188

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Deer Park MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park, LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park, Maryland.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Francis (Middle) Calvin (Last) Browning

4. DATE OF DEATH (Month) (Day) (Year) 12/12/1951 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH 7/25/1859

9. AGE last birthday 92 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Lumberman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Deer Park, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Browning

14. MOTHER'S MAIDEN NAME Elizabeth Lee.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs. Mae Craver, Deer Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH ?

593X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nephritis & cystitis — months

135a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Nov, 1948 to Dec 12, 1951, that I last saw the deceased alive on Dec 12, 1951, and that death occurred at 11:20 P m., from the causes and on the date stated above.

SIGNATURE Thomas J Lusby M. D. (Degree or title) ADDRESS Oakland, Md. DATE SIGNED Dec 13, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 12/15/1951 NAME OF CEMETERY OR CREMATORY Deer Park Cemetery LOCATION (City, town, or county) (State) Deer Park, Md.

DATE REC'D BY LOCAL REG. 12/15/51 REGISTRAR'S SIGNATURE Julia A Rowan

24. FUNERAL DIRECTOR Emrpy D. Bolden ADDRESS Oakland, Md.

770-VVV

RECEIVED
DEC 27 1951
BUREAU V. S.

12189

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH — COUNTY: Garrett — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Lake Park, — LENGTH OF STAY (in this place): 60 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Lake Park,
HOSPITAL OR INSTITUTION OR STREET ADDRESS: -----	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Lorenzo	(Middle) Patterson	(Last) Calhoun	4. DATE OF DEATH	(Month) Dec. 23, (Day) 1951 (Year) 19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single	8. DATE OF BIRTH: 10/2/1886	9. AGE last birthday: 65 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant	10b. KIND OF BUSINESS OR INDUSTRY: Grocery	11. BIRTHPLACE (State or foreign country): Penna.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: John P. Calhoun	14. MOTHER'S MAIDEN NAME: Annie E. Gibson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: -----	17. INFORMANT AND ADDRESS: Bonnie Calhoun Mt. Lake Park, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, hypostatic

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/20, 1951, to 12/23, 1951, that I last saw the deceased alive on 12/23, 1951, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE: Joseph Alvarez M.D. (Degree or title) — ADDRESS: Oakland, Md. — DATE SIGNED: 12/26/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/27/1951	Rock Hill Cemetery	near Everett, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/26/51	Julia A. Rowan	Herbert C. Leighton	Oakland, Md.

290-636

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12190

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (In this place) 79 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Alder St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
STREET ADDRESS (If rural, give location) Alder St.

3. NAME OF DECEASED (Type or Print): (First) Bell (Middle) Jarboe (Last) Duvall

4. DATE OF DEATH (Month) (Day) (Year): Dec. 7, 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, or DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9/25/1872

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John M. Jarboe

14. MOTHER'S MAIDEN NAME: Virginia Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ------

17. INFORMANT AND ADDRESS: J. Max Jarboe Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.8 Immediate cause (a) Carcinomatosis, primary site unknown.

55a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 7, 1947 to Dec 7, 1951, that I last saw the deceased alive on Dec. 5, 1951, and that death occurred at 1:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph Alvarez M.D. 101 Third St. Oakland, Md. Dec. 8, 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/9/1951

NAME OF CEMETERY OR CREMATORY: Oakland Cemetery

LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG. 12/9/51

REGISTRAR'S SIGNATURE: Julia A. Rowan

24. FUNERAL DIRECTOR: Herbert C. Leighton ADDRESS: Oakland, Md.

RECEIVED
DEC 12 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12191

Reg. Dist. No. 1

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Friendsville
LENGTH OF STAY (in this place) All-Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville Md.
STREET ADDRESS None (If rural, give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Clyde - Samuel - Fike
4. DATE OF DEATH (Month) (Day) (Year) 12 - 27 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4/18/1900
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY agriculture
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George R. Fike
14. MOTHER'S MAIDEN NAME Ada A. Hinebaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Robert Fike Friendsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 1/2 hour

Antecedent cause(s)

420.1

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1951, to Dec 27, 1951, that I last saw the deceased alive on Dec 1, 1951, and that death occurred at 5P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Milton Tepper, MD
ADDRESS Friendsville, Md
DATE SIGNED Dec 29, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 12/30/51
NAME OF CEMETERY OR CREMATORY Ashers Glade
LOCATION (City, town, or county) (State) Friendsville - Garrett - Md

DATE REC'D BY LOCAL REG. Dec 29, 1951
REGISTRAR'S SIGNATURE Kathryn Fike
24. FUNERAL DIRECTOR W H Rodahaver
ADDRESS Marklesburg Pa

100-105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Vs. A15

RECEIVED
JAN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12133

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland; MARYLAND; LENGTH OF STAY in this place 2 Month; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cuppett nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) FRANCES (Middle) BARBARA (Last) FIKE

4. DATE OF DEATH: (Month) December (Day) 19 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: Oct 27, 1894

9. AGE last birthday: 57 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Ursina, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: DAVID KUHLMAN

14. MOTHER'S MAIDEN NAME: Mary Alice Resh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: De Leon Fike, Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval Between Onset and Death: May 1951

434.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (Chronic)

93e (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anuria — 2 days

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 May, 1950 to 19 Dec, 1951 that I last saw the deceased alive on 19 Dec, 1951 and that death occurred at 8:45 P.m., from the causes and on the date stated above.

SIGNATURE: Thomas J. Lusby (Degree or title) M.D. ADDRESS: Oakland, Md DATE SIGNED: 19 Dec 51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 22 Dec 51 NAME OF CEMETERY OR CREMATORY Meyersdale Cem. LOCATION (City, town, or county) Meyersdale (State) Pa.

DATE REC'D BY LOCAL REG. 12/22/51 REGISTRAR'S SIGNATURE Julia A Rowan

24. FUNERAL DIRECTOR: Price Funeral Home ADDRESS: Meyersdale Pa.

RECEIVED
DEC 27 1951
BUREAU V. S.

12193

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett McHenry, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McHenry Md, Rural
LENGTH OF STAY (In this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE McHENRY, Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McHenry, [illegible] Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) EDWARD (Middle) KENNETH (Last) GLOTFELTY

4. DATE OF DEATH (Month) 12 (Day) 20 (Year) 1951

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH [illegible]

9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY Laborer

11. BIRTHPLACE (State or foreign country) Oakland, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James A. Glotfelty.

14. MOTHER'S MAIDEN NAME Nora Turney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 2[illegible]-07-1[illegible]

17. INFORMANT AND ADDRESS Mrs. Lena Glotfelty, McHenry, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Destruction of head + contents

976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) result of bullet wound — Ins Mult

164 C (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING ☐ CAUSE OF DEATH

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Set forward home near (CITY OR TOWN) McHenry (COUNTY) Garrett (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 20-1951 6:00 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Shot self in head with 8mm. Rifle

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ✓, homicide ☐, undetermined ☐.*

SIGNATURE E. J. Baumgartner (Degree or title) M D ADDRESS Oakland Md DATE SIGNED 12/20/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 12/22d/1951 NAME OF CEMETERY OR CREMATORY Thayerville Cemetery

LOCATION (City, town, or county) Thayerville, Md. (State)

DATE REC'D BY LOCAL REG. 12/22/51

REGISTRAR'S SIGNATURE Julia A Rowan

24. FUNERAL DIRECTOR Emroy D. Bolney ADDRESS Oakland, Md.

9[illegible]-716

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH — COUNTY: GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND — LENGTH OF STAY (in this place): 59 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: WEST VIRGINIA — COUNTY: PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TERRA ALTA
STREET ADDRESS (If rural, give location): BOX 87

3. NAME OF DECEASED (Type or Print) (First): SUSAN (Middle): K. (Last): GOODWIN
4. DATE OF DEATH (Month): DECEMBER (Day): 20 (Year): 1951
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: SEPT. 14, 1871
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: SMITH, ALLEN
14. MOTHER'S MAIDEN NAME: PAYNE, MARY ANN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: SUSAN K. GOODWIN, BOX 87, TERRA ALTA, W.VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease — 10 yrs

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 23, 1951, to 20 Dec, 1951, that I last saw the deceased alive on 20 Dec, 1951, and that death occurred at 11:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John B. Harley, M.D. — ADDRESS: Terra Alta, W Va — DATE SIGNED: 21 Dec 51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec 23, 1951 — NAME OF CEMETERY OR CREMATORY: Terra Alta Cemetery — LOCATION (City, town, or county): Terra Alta — (State): WVA

DATE REC'D BY LOCAL REG: 12/23/51 — REGISTRAR'S SIGNATURE: Julia A. Rowan — 24. FUNERAL DIRECTOR: P. A. Watson — ADDRESS:

JAN. 2.
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12195

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland; LENGTH OF STAY (in this place) 50 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS ------

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland; STREET ADDRESS (If rural, give location) 1½ Mi. West Oakland, Md.

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Lyons (Last) Gortner

4. DATE OF DEATH (Month) (Day) (Year): Dec. 21, 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1/15/1867

9. AGE last birthday: 84 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Augustus Lyons

14. MOTHER'S MAIDEN NAME: Elizabeth Keplinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: ------

17. INFORMANT AND ADDRESS: H. G. Gortner Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart failure

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d

(b) Severe ~~Auto~~ arteriosclerotic Cardio vascular decease

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) ? (b) years (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple cerebro-vascular accidents

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1951, to Dec 21, 1951, that I last saw the deceased alive on Dec 20, 1951 and that death occurred at 9:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas D. Lusby M.D. ADDRESS Oakland, Md. DATE SIGNED Dec 22, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 12/23/1951; NAME OF CEMETERY OR CREMATORY Union Cemetery; LOCATION (City, town, or county) (State) Gortner; Garrett Co., Md.

DATE REC'D BY LOCAL REG. 12/23/51; REGISTRAR'S SIGNATURE Julian G. Rowan

24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

JAN 2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12196

Reg. Dist. No. 6-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. AIS

1. PLACE OF DEATH: COUNTY Garrett — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville — MARYLAND — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year) 19
Brooks	D.	Groves	Dec.	24,	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married.	Oct. 1, 1874	77, 2, 23 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer owner	Retired	Terra Alta, W. Va.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
W.H.Groves	Margaret C. Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.	No.	Laura E Groves Friendsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Gall Bladder	2 yrs 9 mo.
155 K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46 P	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 27, 1949, to Dec 24, 1951, that I last saw the deceased alive on Dec 24, 1951, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Milton Jepfer	M D	Friendsville, Md	Dec 25, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 27, 51	Oak Grove	Terra Alta, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 26 1951	Kathryn Fike	A. F. Collins	Terra Alta, W. Va.

JAN 21 1952

BUREAU V. S.

Hand[illegible]k

12197

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jennings, Md
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jennings, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) SOLOMON (Middle) ELTER (Last) HANDWERK
4. DATE OF DEATH (Month) Dec. (Day) 19 (Year) 195[illegible]

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH Mar. 6, 1868
9. AGE last birthday [illegible] yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Retired
10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (State or foreign country) Jennings, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jerrich Handwerk
14. MOTHER'S MAIDEN NAME Susanna Bittinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Victor Minor, Jennings, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

781.4 Immediate cause (a) Starvation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Paralysis throat muscle — 2 wks

152 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. J. Baumgartner (Degree or title) MD ADDRESS Oakland Md DATE SIGNED Dec. 20-1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 2[illegible]51
NAME OF CEMETERY OR CREMATORY Handwerk Cem.
LOCATION (City, town, or county) (State) Jennings, Garrett Co., Md.

DATE REC'D BY LOCAL REG. Dec 21-51
REGISTRAR'S SIGNATURE Ethel Broadwater
24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville, Md.

10-0-105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
LENGTH OF STAY (If less than 1 day, give hours or minutes) 4½ Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Loch Lynn Heights

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE New York — COUNTY Nassau
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seaford
STREET ADDRESS (If rural, give location) 2266 So. Seamans Neck Road

3. NAME OF DECEASED (Type or Print): (First) Sophie (Middle) Carolina (Last) Hodges
4. DATE OF DEATH: (Month) Dec. (Day) 4, (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7/10/1867
9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Adam Klein
14. MOTHER'S MAIDEN NAME: Victoria Carolina LeLong
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY No. ----
17. INFORMANT AND ADDRESS: Wm. C. Rogers Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ~~Heart Failure~~ (Arteriosclerotic heart disease with myocardial failure

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Aug., 1950, to 4 Dec., 1951, that I last saw the deceased alive on 4 Dec., 1951, and that death occurred at 8:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph Alvarez M.D. ADDRESS 101 Third St. Oakland, Md. DATE SIGNED Dec 5, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/7/1951 | NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery | LOCATION (City, town, or county) (State): Brooklyn, N. Y.

DATE REC'D BY LOCAL REG. 12/6/1951 | REGISTRAR'S SIGNATURE Julia Mawan | 24. FUNERAL DIRECTOR AND ADDRESS: Herbert C. Leighton Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

12191

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland
LENGTH OF STAY (in this place) 71 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Red House Route #50

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland
STREET ADDRESS (If rural, give location) 9 Mi. So. Oakland, Md.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Edward (Last) Knepp
4. DATE OF DEATH: (Month) (Day) (Year) Dec. 25, 1951 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 10/16/1880
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Stock Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Knepp
14. MOTHER'S MAIDEN NAME: Mary Louise Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: -----
17. INFORMANT AND ADDRESS: B. F. Knepp Oakland, Md. R. D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Decompensated Heart disease	9 Nov 51
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Bronchitis	22 Dec 51
95c	(c) Severe Arthritis	16 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Nov., 1951, to 22 Dec., 1951 that I last saw the deceased alive on 22 Dec., 1951, and that death occurred at 9:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thomas D. Lusby M. D. — ADDRESS: Oakland, Md. — DATE SIGNED: 2 Jan 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/28/1951 — NAME OF CEMETERY OR CREMATORY: Red House Cemetery — LOCATION (City, town, or county) (State): near Oakland, Md.

DATE REC'D BY LOCAL REG.: 12/28/1951 — REGISTRAR'S SIGNATURE: Julia A. Bowman (Deputy) — 24. FUNERAL DIRECTOR: Herbert C. Leighton — ADDRESS: Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Swanton
LENGTH OF STAY (In this place) 4 Mon
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1½ Miles North

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Swanton
STREET ADDRESS (If rural, give location) 1½ Miles North

3. NAME OF DECEASED (Type or Print) (First) Sherry (Middle) Ann (Last) McRobie
4. DATE OF DEATH (Month) Dec. (Day) 28 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug. 14, 1951
9. AGE last birthday - yrs. If under 1 year Months 4 Days 14 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Oakland, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Eugene Martin McRobie
14. MOTHER'S MAIDEN NAME Arlena Ardene Sherwood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Eugene McRobie, Swanton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 day

490X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

108 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left. Acute Otitis Media

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 22, 1951, to Dec 28, 1951, that I last saw the deceased alive on Dec. 27, 1951, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

SIGNATURE Ralph Calandella (Degree or title) M.D. ADDRESS Kitzmiller, Md. DATE SIGNED Dec 28 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/30/51
NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery
LOCATION (City, town, or county) (State) Elk Garden, Mineral Co. W. Va.
DATE REC'D BY LOCAL REG. 12/30/51
REGISTRAR'S SIGNATURE Julia A Rowan
24. FUNERAL DIRECTOR Otha F. Sharpless, ADDRESS Blaine, W. Va.

2 - [illegible] - 405

RECEIVED
JAN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park; LENGTH OF STAY (in this place) 6 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) C. (Last) Patton

4. DATE OF DEATH: (Month) Dec. (Day) 20, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 17, 1869

9. AGE last birthday: 82 yrs. If under 1 year: Months 5 Days 3; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines

11. BIRTHPLACE (State or foreign country): W. Va.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Norville Patton

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Burough Bowser, Deer Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 2 days

331X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) High Blood Pressure — yearx

32 (c) Chronic Cystitic — History of yers

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 19th, 1951, to Dec. 20th, that I last saw the deceased alive on Dec 20, 51, and that death occurred at 11:40P.m., from the causes and on the date stated above.

SIGNATURE Edward [illegible] (Degree or title) ADDRESS Oakland, Md DATE SIGNED Dec 22nd 1951

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF: 12/23/51 | NAME OF CEMETERY OR CREMATORY: Hamill Cemetery | LOCATION (City, town, or county) (State): Kitzmiller, Garrett Co. Md.

DATE REC'D BY LOCAL REGISTRAR: 12/23/51 | REGISTRAR'S SIGNATURE: Julia [illegible] Bowman Local

24. FUNERAL DIRECTOR: Otha F. Sharpless, ADDRESS: Blaine, W. Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
JAN 2, 1952
BUREAU V. S.

Items 3, 8 - Film 6139 1/3/52

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md. Rural
LENGTH OF STAY (in this place) 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ~~Aza~~ Aza (Middle) Claude (Last) Stanton, Sr.
4. DATE OF DEATH (Month) Dec (Day) 3 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH [illegible]
9. AGE last birthday [illegible] yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) International Harvester Dealer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Grantsville, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William T. Stanton,
14. MOTHER'S MAIDEN NAME Annie Mary Durst.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 21[illegible]-18-2376
17. INFORMANT AND ADDRESS Mrs. Aza Claude Stanton, Oakland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. J. Baumgartner (Degree or title) M D ADDRESS Oakland Md DATE SIGNED 12/4/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/6/1951
NAME OF CEMETERY OR CREMATORY Grantsville Cemetery
LOCATION (City, town, or county) (State) Grantsville, Md.
DATE REC'D BY LOCAL REG. 12/6/51
REGISTRAR'S SIGNATURE Julia L. Rowan
24. FUNERAL DIRECTOR Emroy D. Bolden ADDRESS Oakland, Md.

290—105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Dr. Garrey

12203

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND Rural
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND, Md. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ORA (Middle) BELLE (Last) THOMAS

4. DATE OF DEATH (Month) DECEMBER (Day) 5 (Year) 1951

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH 9/6/1877
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Terra Alta WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME CUPPETT, SILAS
14. MOTHER'S MAIDEN NAME KELLY, MARTHA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS MARY WEESE OAKLAND, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardiovascular [illegible]

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

INTERVAL BETWEEN ONSET AND DEATH [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1950, to 5 Dec., 1951, that I last saw the deceased alive on 4 Dec., 1951, and that death occurred at 2:50 AM m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Terra Alta W.Va. DATE SIGNED 6 Dec 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/ /1951
NAME OF CEMETERY OR CREMATORY Friendsville Cemetery
LOCATION (City, town, or county) (State) Friendsville, Md.

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Emroy D. Bolden, ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gorman
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home of Clarence Uphold

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gorman
STREET ADDRESS (If rural, give location) Home of Clarence Uphold

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Jane (Last) Uphold
4. DATE OF DEATH (Month) (Day) (Year): Dec. 31, 1951 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED OR DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 10/13/1876
9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Schroyer
14. MOTHER'S MAIDEN NAME: Sarah Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: -------
17. INFORMANT AND ADDRESS: Mrs. Letta Uphold Gormania, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 4 years

4222 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

934 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 7, 1947, to Dec 31, 1951, that I last saw the deceased alive on Dec 8, 1951, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Milton Jeppen MD Friendsville Jan 3, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 1/3/1952
NAME OF CEMETERY OR CREMATORY: Blooming Rose Cemetery
LOCATION (City, town, or county) (State): Friendsville, Md.

DATE REC'D BY LOCAL REG.: 1/3/1952
REGISTRAR'S SIGNATURE: Julia A Rowan
24. FUNERAL DIRECTOR: Herbert C. Leighton
ADDRESS: Oakland, Md.

VS. A15

RECEIVED
JAN 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12205

Reg. Dist. No. 161

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15

1. PLACE OF DEATH:
County: Garrette
City or town: Friendsville Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Garrette
City or town: Friendsville Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Mary E Wakefield

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years	Months	Days	If less than one day
93	3	21	...hrs. ...min.

9. Birthplace: Maryland
(Town, county, and state)
10. Usual occupation: Retired House work
11. Industry or business

FATHER
12. Name: Adam Schroyer
13. Birthplace: Maryland

MOTHER
14. Maiden name: Lucinda Kelley
15. Birthplace: Maryland

16. Informant: Edmond Wakefield
Address: Friendsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/29/51 (month) (day) (year)
Cemetery or crematory: Blooming Rose
Location: Near Friendsville

18. Funeral director: E G Harned
Address: Brandonville W.Va

19. Dec 28 1951 (Date rec'd by registrar) Kathryn Fike Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 26, 1951 at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 15 1951 to Dec 25 1951 and that I last saw h.er alive on Dec 26 1951

	DURATION
Immediate cause of death: Chronic Myocarditis	5 yrs
Due to:	
Due to:	
Other conditions: 422.2	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Milton Jeffers M.D. M. D. or other
Address: Friendsville, Md Date signed: Dec 28, 1951

RECEIVED
JAN 2 1952
BUREAU V. S.

12206

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
STREET ADDRESS (If rural, give location) 94 LIBERTY STREET

3. NAME OF DECEASED (Type or Print) (First) ESTELLA (Middle) VIRGINIA (Jarboe) (Last) WHITE

4. DATE OF DEATH (Month) DECEMBER (Day) 12, (Year) 1951

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH 6/25/1866
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME JARBOE, CHARLES FRANCIS
14. MOTHER'S MAIDEN NAME , VIRGINIA BAKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. John Jarboe, Oakland, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebro-vascular ~~accident~~ thrombosis

903D Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio vascular arteriosclerotic disease.

186a (c) Facture, rt. femoral neck.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Nov. 25, 1951
19b. MAJOR FINDINGS OF OPERATION Fracture, rt. femoral neck
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Oakland, (COUNTY) Garrett, (STATE) Md.
TIME OF INJURY (Month) Nov. (Day) 21 (Year) 1951 (Hour) 1:00 a.m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Fall in bathroom.

22. I hereby certify that I attended the deceased from Nov. 21, 1951, to Dec. 12, 1951, that I last saw the deceased alive on Dec. 12, 1951, and that death occurred at 12:25 A.m., from the causes and on the date stated above.

SIGNATURE Joseph Alvarez (Degree or title) ADDRESS Oakland, Md. DATE SIGNED 12/14/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 15-1951
NAME OF CEMETERY OR CREMATORY Oakland
LOCATION (City, town, or county) Oakland (State) Md

DATE REC'D BY LOCAL REG. 12/15/51
REGISTRAR'S SIGNATURE Julia A Rowan
24. FUNERAL DIRECTOR Emray Boldin ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
DEC 27 1951
BUREAU V. S.